

# TOWN OF HERNDON, VIRGINIA

## Claim Form

***Please note that this is not an on-line form. You must print out this page, fill it in, and mail, deliver, or fax it to the Town Attorney***

Date \_\_\_\_\_

Name of Claimants (s) \_\_\_\_\_

Telephone number of Claimant (s) \_\_\_\_\_

Nature of claim (property damage, personal injury, and the like) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exact date, time and place of event or facts on which claim is based \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for alleged Town responsibility (optional) \_\_\_\_\_

\_\_\_\_\_

Name, address, and telephone number of witness or witnesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

Signature of Claimant (s) \_\_\_\_\_

\_\_\_\_\_

File this claim form within six months after occurrence of event or facts on which claim is based to: Richard B. Kaufman, Town Attorney, Town of Herndon, P.O. Box 427, Herndon, VA 20172-0427. Fax: 703-435-1034. If you mail the claim form, be sure it is received by the Town before the expiration of the six month period.